

03500.015537.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) : Examiner: Timothy J. Moran
KAZUAKI TASHIRO ET AL.)
Appln. No.: 09/899,184	: Group Art Unit: 2878
Filed: July 6, 2001	;)
	:) September 9, 2003
Mail Stop Non-Fee Amendment Commissioner for Patents	RECEI SEP 22 TECHHOLOGY
P.O. Box 1450 Alexandria, VA 22313-1450	SEP ECF
Alexandria, VA 22313-1430	SEP 22 21 NOLOGY CEN
RESPONSE TO	O OFFICE ACTION
Sir:	2800

In response to the Office Action dated June 9, 2003, Applicants request reconsideration in view of the following Remarks, which begin at page 2.

I hereby certify that this correspondence i United States Postal Service as first-class ma to: Commissioner for Patents, P.O. Box 14	ail in an envelope addressed
1450 on	
September 9, 2003	3.
(Date of Deposit)
(=	,
LEONARD P. DIANA (Reg.	No. 29,296)
(Name of Attorney for Ar	oplicants)
\mathcal{I}	•
and Jan	September 9, 2003
Signature	Date of Signature
2.8	



In re Application of:

Docket No. 03500.014850.

TORU KOIZUMI

Application No.: 09/678,025

Examiner: C. Kao

Filed: October 4, 2000

Group Art Unit: 2882

For: SOLID-STATE IMAGE PICKUP DEVICE AND IMAGE PICKUP SYSTEM (As

Amended)

Date: September 9, 2003

THE COMMISSIONER FOR PATENTS **Mail Stop Non-Fee Amendment**

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		С	CLAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 8	MINUS	**	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	*	MINUS	*** 7	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280			\$ 0			
TOTAL ADDITIONAL FEE \$ 0			\$0			

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 47,138
	Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

NY_MAIN 374558v1



In re Application of:

Docket No. 03500.015537.

KAZUAKI TASHIRO ET AL.

Appln. No.: 09/899,184

Filed: July 6, 2001

For: IMAGE PICKUP APPARATUS

Examiner: Timothy J. Moran

Group Art Unit: 2878

Date: September 9, 2003

Mail Stop Non-Fee Amendment

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

ECHNOLOGY CENTER 280

SEP 22 2000

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 46	MINUS	** 50	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 10	MINUS	***	= 0	x \$42 \$84	\$0.00
Fee for Mul	Fee for Multiple Dependent claims \$140°/\$280		\$0.00			
			TOTAL ADDIT			\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Attorney for Applicants Leonard P. Diana

Reg. No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10132-3801

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